



MIAMI-DADE COUNTY
GENERAL SERVICES ADMINISTRATION
FACILITIES and UTILITIES MANAGEMENT DIVISION
OFFICE of ELEVATOR SAFETY
111 NW 1st Street, Suite 2410
Miami, FL 33128-1979
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www.miamidade.gov/gsa/elevatormain.asp

SECTION 1 - ELEVATOR INFORMATION			
As provided on the Permit to Install, Alter or Relocate or the previous Certificate of Operation			
Serial Number <small>Note: The serial number must be present or the application will be returned</small>	Capacity		
SECTION 2 – BUILDING INFORMATION			
Note: If the information below has changed since the Permit to Install, Alter or Relocate was issued, please provide the updated information.			
Primary Name (enter name of the building owner)			
Main Address (enter building address)			
City	County	State	Zip Code
D/B/A Name (enter Business Name or Doing Business As Name of the building)			
MAILING INFORMATION			
Name			
Mailing Address			
City		State	Zip Code
CONTACT INFORMATION			
Contact Name	Primary Business Phone Number		
Primary E-Mail Address	Alternate Phone Number or Fax Number		
SECTION 3 – ELEVATOR COMPANY INFORMATION			
Organization Name			
Address			
City		State	Zip Code
SECTION 4 – APPLICANT SIGNATURE			
Authorized Signature of Applicant	Date Signed		
Social Security Number*	Date Submitted		
<ul style="list-style-type: none">Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.THIS APPLICATION IS VALID FOR THIRTY (30) DAYS ONLY AFTER APPROVAL. After which it must be renewed.			